

CLAIMS ONLY

Application Number

10/807 757

“ Filling Date

Applicant(s)

4-9-07

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1			1			
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48						
49						
50						
Total Indep.			2			
Total Depend.			20			
Total Claims			22			